



PRESS RELEASE

For immediate publication

Healthcare Services in Gatineau: the Citizens Speak

Report of the Citizens' Inquiry into Obstacles to Healthcare Access in Gatineau

Gatineau, December 8, 2011 The [*Report of the Citizens' Inquiry into Obstacles to Public Healthcare Access in Gatineau*](#) was released today by the comité des Sans-Médecin of Action santé Outaouais.

Maureen McMahon, Emmanuel Dupont and Vincent Greason of the comité des Sans-Médecin as well as Professor Martha Jackman of the Faculty of Law, University of Ottawa summarized the report's findings and recommendations during a press conference held this morning at Gatineau's Maison du citoyen.

In 2009, Action santé Outaouais' comité des Sans-Médecin began consulting citizens who use the health services network, especially those who are most vulnerable, in order to better understand the barriers they face in accessing frontline healthcare. This report contains the results of the committee's public enquiry conducted between 2009 and 2011, including interviews with 174 persons and fourteen recommendations addressed to civil society, elected representatives, and healthcare network policy-makers and managers.

Findings

Not surprisingly, 35% of those surveyed said they do not have a general practitioner, or family doctor, and therefore no real gateway into the public healthcare system. In addition, among the 65% of participants who are lucky enough to have a GP, 15% reported that this doctor's office is on the other side of

the Ottawa River; this means that 45% of survey participants have no reliable access to the Outaouais healthcare network, and so are dependent on one of the following four alternatives:

1. seek treatment in Ottawa;
2. try their luck at a drop-in clinic;
3. wait in a hospital emergency waiting room;
4. use a for-profit clinic.

However, a good number of the 65% who have a GP say that booking an appointment is difficult, and that they fear losing their family doctor for any of a variety of reasons. It is very clear that for many of those surveyed, sickness is not the only condition required to access care. They perceive that lots of "good contacts" are also necessary, and that the most savvy or boldest patients have a marked advantage. In addition, the multiple impediments to receiving care have forced many participants to use their purchasing power to overcome these barriers. These limitations on the right to access healthcare services are scandalous, and create inequality and injustice. It's no wonder that survey participants rated access to healthcare at a meagre 45%.

On the subject of purchasing power, many participants reported problems with for-profit healthcare services such as dental care, eye/vision care, psychological services and physiotherapy. A full 30% of participants reported having no dental insurance coverage, whether public or private. The committee believes that the same proportion probably applies to eye and psychological care as well as physiotherapy. Unsurprisingly, many study participants admitted to neglecting their health for financial reasons.

New and troubling facts

Many participants reported that the Info-santé hotline or their hospital referred them to private clinics, purportedly to save time. This is an unmistakable sign of the mounting influence of private care at the expense of the public healthcare network. In fact, these referrals to private care by public-network employees is disturbing: are we to believe that they are being told that private healthcare services – unavailable to those who cannot afford them – should be suggested to all patients?

The quality of care delivered by the *Centre de santé et de services sociaux de Gatineau* (CSSSG) was given a 61% satisfaction rating by survey participants. Many complaints were focused on the quality of the actual medical care dispensed by physicians, and often accompanied by considerable discontent with patient-doctor relationships. Many participants criticized their doctors' interpersonal skills. There were numerous reports of physicians' disparaging attitudes that were hurtful and upsetting to patients already diminished by their illness. Participants described "cursory" medical practices and inadequate follow-up, and some even expressed mistrust in their diagnosis or proposed treatment plan. Some said that they no longer trust their physician, describing tense and unproductive relationships.

Many of those surveyed reported "self-medicating" or simply giving up on their attempts to get healthcare. Can these trends be explained by the combination of obstacles to access and questionable quality of frontline healthcare services?

14 Recommendations

One of the committee's key recommendations is to open a **multidisciplinary and publicly-funded medical clinic that would emphasize prevention and be staffed strictly with salaried professionals**. This pilot project would represent the testing ground for several other recommendations in this report, including the rethinking of per-act payment of general practitioners and a more efficient attribution of tasks among other healthcare professionals who are qualified to take on more responsibility such as nurses, dentists and dental hygienists, psychologists, midwives or physiotherapists, etc. Examples of success using this model exist elsewhere in Quebec, Canada and abroad, and will serve as guidelines for an eventual Outaouais project.

We also believe that urgency dictates the need for **immediate and wide-ranging discussion on declining satisfaction and trust in the patient-doctor relationship**. In our opinion, action within this framework will plant the proper seeds for change in organizing frontline services in the Outaouais.

One of the main obstacles raised in this report is the role of a patient's financial situation as a determinant of health. A society that supports its own citizens cannot tolerate this inequality. We must all **commit to a radical struggle to end poverty and better redistribute wealth**, which includes **revamping**

public health insurance to offer a wider range of coverage. The committee and Action santé Outaouais consider that **dental care** must be added to the medical services covered by the "Carte Soleil".

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The detailed report and its summary are available online at:
www.actionsanteoutaouais.org

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About Action santé Outaouais

Action santé Outaouais is a popular education organization committed to defending the right to health and healthcare. For more than forty years, we have monitored all issues related to citizen access to healthcare services, especially for those in financial need: these issues include access to prescriptions and other drugs, access to dental care, healthcare cooperatives, the "Health Tax", privatization, etc. As of 2011, Action santé Outaouais is the only community group in Québec dedicated strictly to this mandate. Action santé Outaouais intervenes in the healthcare debate by offering citizens the tools they need to fully participate in democratic exchange in the Outaouais and be heard by healthcare network policy makers.